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031088 U.S. PTO
10/695194

UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>	Attorney Docket No.	A36054-PCT-USA-A
	First Inventor	Hochstrasser
	Title	DIAGNOSTIC * see attached
	Express Mail Label No.	ER589230876US

APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents.</i>	ADDRESS TO: Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i> 2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification [Total Pages 28] <i>(preferred arrangement set forth below)</i> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description <input checked="" type="checkbox"/> Claim(s) [Total Sheets 7] <input checked="" type="checkbox"/> Abstract of the Disclosure [Total Sheets 49] 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 49] 5. Oath or Declaration [Total Pages 1] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) <i>(for continuation/divisional with Box 18 completed)</i> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> a. <input checked="" type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input checked="" type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input checked="" type="checkbox"/> paper c. <input checked="" type="checkbox"/> Statements verifying identity of above copies
ACCOMPANYING APPLICATION PARTS	
9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i> 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input checked="" type="checkbox"/> Other: <u>Unsigned Declaration POA</u>	

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☒ Continuation-in-part (CIP)

of prior application No.: PCT/EP02/10063, filed 9/3/02

Prior application information: Examiner _____

and published as WO03/023406 on March 20, 2003

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS				
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		21003 <i>(Insert Customer No. or Attach bar code label here)</i>		or <input type="checkbox"/> Correspondence address below
Name				
Address				
City		State	Zip Code	
Country		Telephone	Fax	

Name (Print/Type)	Carmella Stephens	Registration No. (Attorney/Agent)	41,328
Signature	<i>Carmella L. Stephens</i>	Date	10/28/03

FEE TRANSMITTAL for FY 2003

Effective 10/01/2003. Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$1,273

Complete if Known

Application Number	to be assigned
Filing Date	10/28/03
First Named Inventor	Hochstrasser
Examiner Name	to be assigned
Art Unit	to be assigned
Attorney Docket No.	A36054-PCT-USA-A

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☐ Deposit Account:

Deposit
Account
Number
Deposit
Account
Name

02-4377

Baker Botts LLP

The Commissioner is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge any additional fee required under 37CFR 1.16 and 1.17

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	770	2001	385	Utility filing fee	385
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)					(\$ 385

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
47	- 20 = 27	X 9	= 243
Independent Claims	18	- 3 = 15	X 43 = 645
Multiple Dependent			

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 888

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for <i>ex parte</i> reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	420	2252	210	Extension for reply within second month	
1253	950	2253	475	Extension for reply within third month	
1254	1,480	2254	740	Extension for reply within fourth month	
1255	2,010	2255	1,005	Extension for reply within fifth month	
1401	330	2401	165	Notice of Appeal	
1402	330	2402	165	Filing a brief in support of an appeal	
1403	290	2403	145	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,300	2453	650	Petition to revive - unintentional	
1501	1,330	2501	665	Utility issue fee (or reissue)	
1502	480	2502	240	Design issue fee	
1503	630	2503	315	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	770	2809	385	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	770	2810	385	For each additional invention to be examined (37 CFR 1.129(b))	
1801	770	2801	385	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 0

SUBMITTED BY

(Complete if applicable)

Name (Print/Type)	Carmella Stephens	Registration No. (Attorney/Agent)	41,328	Telephone	212.408.2539
Signature	<i>Carmella L. Stephens</i>	Date	Oct. 28, 2003		

*Question 4 Addendum

4.a. Drawings are ☒ formal ☐ informal

* Question 5 Addendum

5.c. ☒ An unsigned oath or declaration is included.

* Question 8 Addendum

8.d. ☐ A sequence submission will follow.

* Question 9 Addendum

9.a. ☐ Assignment documents will follow.

9.b. ☐ Assignment documents have been filed in
parent application No.

* Question 11 Addendum

11.a. ☐ English translation will follow.

* Question 12 Addendum

12.a. ☐ Copies of IDS citations will follow.

* Question 15 Addendum

15.a. ☐ Certified copies of priority documents will follow.

15.b. ☐ Certified copies of priority documents have been filed in parent
application No.

Use the space below for additional information

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Title (continued):

DIAGNOSTIC METHOD FOR TRANSMISSIBLE SPONGIFORM ENCEPHALOPATHIES

Addendum Sheet 2

18a. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☒ Continuation-in-part (CIP)

of prior application No.: PCT/EP02/10063

Prior application information:

Examiner _____

Group Art Unit: _____

18b. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)

of prior application No.: _____

Prior application information:

Examiner _____

Group Art Unit: _____

18c. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)

of prior application No.: _____

Prior application information:

Examiner _____

Group Art Unit: _____

☐ Amend the specification by inserting before the first line the sentence(s)

☐ "This application is a ☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of:

☐ "This application is based upon:

prior application No.: _____, incorporated by reference herein,

☐ which is a ☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of:

☐ which is based upon:

prior application No. _____, incorporated by reference herein,

☐ which is a ☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of:

☐ which is based upon:

prior application No.: _____, incorporated by reference herein,

☐ which is a ☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of:

☐ which is based upon:

prior application No.: _____, incorporated by reference herein,

☐ which is a ☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of:

☐ which is based upon:

prior application No. _____, incorporated by reference herein,

☐ which is a ☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of:

☐ which is based upon:

prior application No. _____, incorporated by reference herein

Priority under 35 U.S.C. §119 is claimed based upon the following applications.

Foreign Applications:

Country: United Kingdom

Serial No: 01 21459.2

Filing Date: 09/05/01

Country: United Kingdom

Serial No: 02 25245.0

Filing Date: 10/30/02

Country: United Kingdom

Serial No: 03 06290.8

Filing Date: 03/19/03

Provisional Applications:

Serial No: _____

Filing Date: _____

Serial No: _____

Filing Date: _____

Serial No: _____

Filing Date: _____

CERTIFICATION UNDER 37 C.F.R. 1.8(a) OR 1.10*

(When using Express Mail, the Express Mail label number is mandatory; Express Mail Certification is optional.)

I hereby certify that, on the date shown below, this correspondence is being:

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☒ deposited with the United States Postal Service in an envelope addressed to the
Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450

37 C.F.R. 1.8(a)

☐ with sufficient postage as first class mail.

37 C.F.R. 1.10*

☒ as "Express Mail Post Office to Address"

Mailing Label No. ER589230876 **US** (mandatory)

Leroy Chick
Signature

Date: October 28, 2003

Leroy Chick

(type or print name of person certifying)

***WARNING:** Each paper of fee filed by "Express Mail" must have the number of the "Express Mail" mailing label placed thereon prior to mailing 37 C.F.R. 1.10(b).
"Since the filing of correspondence under § 1.10 without the Express Mail label thereon is an oversight that can be avoided by the exercise of reasonable care, requests for waiver of this requirement will not be granted on petition. "Notice of Oct. 24, 1996, 60 Fed. Reg. 56,439, at 56,442.